TORT CLAIMS (POV)

CASEY LEGAL CENTER-CLAIMS

DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
CASEY LEGAL CENTER
UNIT #15104
APO AP 96224-5104

REPLY TO
ATTENTION OF:

EAID-JA-CL

4 January 2011

MEMOREANDUM FOR Claimants with Claims for Loss or Damage to Personal Property Incident to Government Service

SUBJECT: Procedures for Filing Claims

1. Welcome to the Claims Office at the Camp Casey Legal Center. We regret that you have experienced a loss or damage to your personal property incident to your government service. The attached checklist and enclosures provide the information you will need to properly file a claim for your loss or damage.

2. Our goal is to fairly investigate and settle your claim as quickly as possible. Congress and the Department of the Army have placed certain restrictions and limitations on how much money our office can pay you and under what circumstances and conditions. To ensure that we can pay you the full amount of money you are entitled to by law, it is important that you carefully read and follow the instructions contained in the attached checklist and enclosures and that you submit all the required documentation.

3. The Claims Office is open for you to submit your claim from 0900-1130 and 1300-1600, except for Thursday mornings when we are closed for Sergeant's time training. If you need assistance at any stage in the claims process or would like to make an appointment, please do not hesitate to contact our office at 730-3687.

BRIANA S. MCGARRY
CPT, JA
Claims Judge Advocate

CASEY LEGAL CENTER - CLAIMS
Tort Claims Checklist (POV)

The following is **required** to process a military tort claim for POV damage:

☐ **Original SF 95** (sample form & blank form enclosed).

☐ **Original DD Form 1844** (sample form & blank form enclosed).

☐ **MP Blotter/KN or MP Report/Witness Statement(s)**.

☐ **Digital Photographs of Vehicle Damage**.

☐ _ **Written Repair Estimates (if repairable), or Written Repair Bill**.

☐ **Replacement Cost (if not repairable)**. Before a replacement cost can be given, an estimate of repair is needed to show that the item is not repairable.

☐ **US Military stationed or TDY in Korea: PCS/TDY orders to Korea, with amendments.**

☐ **Approval Authorization to operate POV (Active Duty Army E6 & below).**

☐ **USFK Vehicle Registration or Korean Motor Vehicle Registration Certificate.**

☐ **USFK Vehicle Safety Inspection (USFK Personnel) (valid at the time of incident)**.

☐ **Insurance Policy (valid at the time of the incident)**.

☐ **Insurance Settlement (if insurance company paid any funds associated with damage)**.

☐ _ **Original Electronic Fund Transfer Worksheet** (blank form enclosed).

☐ _ **Original Power of Attorney**. You must have this if you are filing for your sponsor, spouse, or someone else.

NOTE: Additional documentation or information may be required in the course of the investigation. Failure to provide necessary documentation will result in action based available information.

If you have any questions at any point in filing your claim, you may contact this office at 730-3687

REMEMBER, YOU ONLY HAVE TWO YEARS FROM THE DATE OF THE INCIDENT TO FILE YOUR CLAIM!!!!!

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED OMB NO. 1105-0008

1. Submit To Appropriate Federal Agency:

U.S. Army Claims Service
4411 Llewellyn Ave.
Fort Meade, MD 20755-5360

2. Name, Address of claimant and claimant's personal representative, if any. *(See instructions on reverse.) (Number, street, city, State and Zip Code)*

Kenneth Roberts
111 East 2nd Street
Fort Wayne, IN 46815

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME *(A.M. OR P.M.)*
☐ MILITARY ☒ CIVILIAN	5 May 1948	Married	1 May 2005	7:00 a.m.

8. Basis of Claim *(State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)*

I was driving my POV on 1st Street, between A and B Avenues in Laurel, Maryland, when an Army truck driven by Specialist Charles E. Brown, crossed the center line and struck my vehicle head-on. I did not have passengers in my vehicle.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT *(Number, street, city, State, and Zip Code)*
N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTEND OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. *(See instructions on reverse side.)*

1995 Volkswagon Passat - total loss - located in Roberts storage facility.

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

Multiple bruises and contusions, fractured right leg, herniated disk, six-inch laceration on face.

11. **WITNESSES**

NAME	ADDRESS *(Number, street, city, State, and Zip Code)*
William E. Bryson	100 East 1st Street Glen Burnie, MD 21061

12. *(See instructions on reverse)* **AMOUNT OF CLAIM** *(in dollars)*

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL *(Failure to specify may cause forfeiture of your rights.)*
$3,000	$200,000		$203,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT *(See instructions on reverse side.)*	13b. Phone number of signatory	14. DATE OF CLAIM
/s/ Kenneth Roberts	(312) 555-9898	6 November 2005

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant shall forfeit and pay to the United States the sum of $2,000, plus double the amount of damages sustained by the United States. *(See 31 U.S.C. 3729.)*	Fine of not more than $10,000 or imprisonment for not more than 5 years or both. *(See 18 U.S.C. 287, 1001.)*

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

USAPPC V1.00

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - Insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:
(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extend of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☒ Yes. If yes, give name and address of insurance company *(Number, street, city, State, and Zip Code)* and policy number ☐ No

Local Insurance Company, Inc.
111 East 4th Street
His Town, His State 99999-9999 Policy # 12345678-A

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

Yes, his deductible.

17. If deductible, state amount

$300

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? *(It is necessary that you ascertain these facts)*

My insurance agent told me that the Army should pay this claim.

19. Do you carry public liability and property damage insurance? ☐ Yes. If yes, give name and address of insurance carrier *(Number, street, city, State, and Zip Code)* ☐ No

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

CASEY LEGAL CENTER-CLAIMS
OFFICE OF THE STAFF JUDGE ADVOCATE
2D INFANTRY DIVISION
APO AP 96224

2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
☐ MILITARY ☐ CIVILIAN				

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

11. **WITNESSES**

NAME	ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse). **AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).	13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).	Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a seperate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

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The amount claimed should be substantiated by competent evidence as follows:

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

(Items 14 through 31 to be filled out by Claims Office)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	3. PICK-UP DATE (YYYYMMDD)
Self-Explanitory	NA
2. CLAIMANT'S INSURANCE COMPANY (If applicable)	**4. DELIVERY DATE** (YYYYMMDD)
a. NAME Self-Explanitory / **b. POLICY NO.** Self-Exlanitory	NA

14. ORIGIN CONTRACTOR	17. 2ND CONTRACTOR	21. CLAIM NUMBER	22. NET WT/MAX CAR LIABLE
15. INVENTORY DATE (YYYYMMDD)	**18. EXCEPTION SHEET DATE** (YYYYMMDD)	**23. GBL NUMBER**	**24. LOT NUMBER**

5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST / 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	1992 4-Door Hyundai Sonata Dent on trunk lid, dent on drivers side door, deep gouges and scratches on hood.											
2	1	Written repaire estimate/Actual repair bill											
3	1	Towing Fee											

12. REMARKS	13. TOTAL	$		30. TOTAL AMOUNT ALLOWED	$		31. THIRD PARTY LIABILITY	$	$
		1230.00							

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

(Items 14 through 31 to be filled out by Claims Office)

1. NAME OF CLAIMANT *(Last, First, Middle Initial)*			3. PICK-UP DATE *(YYYYMMDD)*	14. ORIGIN CONTRACTOR	17. 2ND CONTRACTOR	21. CLAIM NUMBER	22. NET WT/MAX CAR
2. CLAIMANT'S INSURANCE COMPANY *(if applicable)*			4. DELIVERY DATE *(YYYYMMDD)*				
a. NAME		b. POLICY NO.					

5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS *(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")*	8. INV NO.	9. ORIGINAL COST / 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	15. INVENTORY DATE *(YYYYMMDD)* / 16. EXCEPTIONS	18. EXCEPTION SHEET DATE *(YYYYMMDD)* / 19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER / 25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	24. LOT NUMBER / 27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY

12. REMARKS	13. TOTAL	$	30. TOTAL AMOUNT ALLOWED	$	31. THIRD PARTY LIABILITY	$	$
		0.00		0.00		0.00	0.00

DD FORM 1844, MAY 2000 PREVIOUS EDITION IS OBSOLETE.

Reset

ELECTRONIC FUND TRANSFER WORKSHEET

PAYEE INFORMATION

NAME (Last, First, Middle Initial):_____

Mailing Address:_____

Social Security Number:_____

Telephone Number (DSN or COMM):_____

E-Mail Address:_____

FINANCIAL INSTITUTION INFORMATION

NAME:_____

Address:_____

9-digit Routing Number:_____

Depositor Account Number:_____

Type of Account: ☐ **Checking** ☐ **Savings**

Claimant Signature:_____

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P. L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C 3322 and 31 C.F.R. 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's or individual's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

OFFICE OF THE STAFF JUDGE ADVOCATE
CAMP CASEY LEGAL CENTER
CLAIMS OFFICE

'OUR SERVICE IS SECOND TO NONE'

CUSTOMER SATISFACTION SURVEY

To assist us in improving the quality of our claims services, please complete this questionnaire and place it in the customer satisfaction survey box in this office. We will then evaluate your comments and make appropriate changes to claims operations. Thank you for assisting us to make 2ID Claims Services ***Second to None***!

BRIANA S. MCGARRY
Captain, Judge Advocate
Chief, Client Services

DATE: _____

1. Name the Claims Personnel who assisted you? _____

2. How would you rate the service provided by him/her? (Please check one)

   Outstanding o Satisfactory o Unsatisfactory o If unsatisfactory, why?

_____

_____

		Strongly Agree	Agree	Disagree	Strongly Disagree
3.	Were the Claims procedures clear and easy to follow?	o	o	o	o
4.	Were the forms easy to understand and complete?	o	o	o	o
5.	Did claims personnel provide reliable information and effective advice?	o	o	o	o
6.	Were you given information concerning the methods used to calculate your claim amount?	o	o	o	o
7.	Were you informed of your right to submit new evidence and request reconsideration?	o	o	o	o

8. If you could change, add or improve any aspect of the claims service, what would it be?

_____

_____

9. If you have comments, please note them below.

_____

_____

_____
NAME AND UNIT (optional)